

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 14, 2000 08:00 AM

Secretary of State

DOCUMENT # **A28707**

1. Entity Name

NATIONAL CAR WASH, LTD.

Principal Place of Business

1924 33RD STREET

ORLANDO
32839

FL

Mailing Address

1924 33RD STREET

ORLANDO
32839

FL

2. Principal Place of Business

2202 33RD STREET

Suite, Apt. #, etc.

City & State

ORLANDO

FL

Zip
32839

Country

3. Mailing Address

1909 BOBTAIL DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO

FL

Zip
32810

Country

4. FEI Number

59-2961083

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOE POZO JR.

1924 33RD STREET

ORLANDO
32839

US

FL

7. Name and Address of New Registered Agent

Name

POZO JOE JR

Street Address (P.O. Box Number is Not Acceptable)

1909 BOBTAIL DRIVE

City

ORLANDO

FL

Zip Code
32810

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **JOE POZO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

01/14/2000

DATE

9. Capital Contributions

as Shown on record. 285.00

10. Amount of Capital Contributions

in FLORIDA to date. 285.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE.
SEE REVERSE SIDE FOR FEE INFORMATION.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

P.A.P., INC.

1924 33RD STREET

ORLANDO

FL 32839

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1909 BOBTAIL DRIVE

CITY-ST-ZIP

ORLANDO

FL 32810

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: JOE POZO, VP OF CR

DATE: 01/14/2000